

Configured in MIHMS-Production as of: 5/12/2015

MIHMS Rule Description	MIHMS Rule Category	CAQH III CARC (5010)	CAQH III RARC (5010)	Last Update Date
101-No active provider contract	PROVIDER	16	N229	6/16/2014
102-Provider not active for Plan on DOS	PROVIDER	16	N229	6/16/2014
103-Not an approved service for provider	PROVIDER	184	N574	2/20/2015
104-Incomplete provider	PROVIDER	184	N574	2/20/2015
105-Provider on Pay hold	PROVIDER	96	N35	3/16/2015
107-Negative charge on claim line	CLAIM	16	M54	6/16/2014
108- Uncredentialed provider	PROVIDER	185		3/16/2015
111-Provider Watch	PROVIDER	96	N35	6/16/2014
116-Annual Benefit Amount Exceeded	BENEFIT	119	N130	6/16/2014
122-PCP reassignment override days	MEMBER	A1	N220	6/16/2014
123-Individual Lifetime Visits Exceeded	BENEFIT	119	N587	7/18/2014
129-Process Partial Units	CLAIM			6/16/2014
134-Claim payment amt exceeds max allowed for mass adjudication	CLAIM	150	N640	6/16/2014
135-Claim payment amount exceeds the maximum allowed	CLAIM	150	N640	6/16/2014
149-Benefit does NOT meet date criteria of the claim	BENEFIT	27	N30	6/16/2014
150-No contract term found for service	CONTRACT	185		6/16/2014
152-Provider type does not match type required by benefit	BENEFIT	170	N95	6/16/2014
154-Benefit requires Specialty Code not found on Provider	BENEFIT	8	N95	6/16/2014
155-Benefit has age restriction	BENEFIT	6	N129	6/16/2014
156-Provider type does NOT match type required by contract term	CONTRACT	8	N95	3/16/2015
157-Contract Term requires Specialty Code not found on Provider	CONTRACT	8	N95	3/16/2015
158-Invalid Service Code on DOS	CLAIM	181	N657	6/16/2014
159-Price Institutional Claim by CPT yesno	CONTRACT			6/16/2014
162-Contract term requires documentation	CONTRACT	252	N29	6/16/2014
163-Benefit requires documentation	BENEFIT	252	N29	6/16/2014
164-Contract requires document review	CONTRACT	252	N29	6/16/2014
165-Dental Areas on Claim Line and Benefit do not match	BENEFIT	204	N130	6/16/2014
168-Member does NOT meet age criteria for term	CONTRACT	6	N129, N30	6/16/2014
169-Claim and contract term modifiers do NOT match	CONTRACT	4	N517	6/16/2014
172-Term does NOT meet date criteria of the claim	CONTRACT	96	N59	6/16/2014
173-Diagnosis on claim does NOT match terms valid range	CONTRACT	96	N569	6/16/2014
175-Bill type on claim does NOT match contract term	CONTRACT	16	MA30	6/16/2014

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176-Emergency requirements on claim do NOT match contract term	CONTRACT	96	N180	6/16/2014
177-Term is for EPSDT claims only	CONTRACT	<del>96</del>	<del>N180, N78</del>	3/16/2015
179-Location specific term does NOT match claim	CONTRACT	96	N381	6/16/2014
185-Location-specific benefit does NOT match claim	BENEFIT	96	N130	6/16/2014
187-Benefit requires documents to be reviewed	BENEFIT	<del>252</del>	<del>N29</del>	3/16/2015
190-Authorization contract overriding contracted provider	CLAIM	<del>96</del>	<del>N45</del>	3/16/2015
197 - Procedure code on claim NOT valid for benefit	BENEFIT	204	N130	6/16/2014
201-No enrollment exists for claim start date	CLAIM	177		6/16/2014
202-No Benefit for Service	BENEFIT	204	N130	6/16/2014
203-Benefit is excluded from benefit plan	BENEFIT	204	<del>70, N130</del>	6/16/2014
204-Invalid accommodation days	CLAIM	16	<del>N345, M53</del>	6/16/2014
205-Benefit requires UM	BENEFIT	197		6/16/2014
206-Benefit Visit Limit Exceeded	BENEFIT	119	N640	6/16/2014
207-Benefit Dollar Limit Exceeded	BENEFIT	119	N130	6/16/2014
208-Benefit Applies to PCP Only	BENEFIT	242	N450	6/16/2014
210-Member NOT enrolled on DOS	CLAIM	177		6/16/2014
214-Bill Type does NOT match Benefit	BENEFIT	16	MA30	6/16/2014
216-No COB entered with a Secondary Enrollment	CLAIM	16	MA04	6/16/2014
217-Member has an active restriction on enrollment	CLAIM	<del>177</del>		6/16/2014
218-Member lost eligibility during date span	CLAIM	239		6/16/2014
219-Provider overlap of global days period	CLAIM	97	N19	6/16/2014
221-Assistant surgeon not allowed	CLAIM	54	N646	6/16/2014
222-Co-Surgeon not allowed	CLAIM	54	N646	6/16/2014
223-Team surgeon not allowed	CLAIM	54	N646	6/16/2014
224-Benefit Requires Manual Review	BENEFIT	252	N225	6/16/2014
225-Contract Term Requires Manual Review	CONTRACT	252	N225	6/16/2014
230-Multiple surgeries detected	CLAIM	<del>59</del>	<del>N644</del>	3/16/2015
236-Benefit requires either UM or referral document	BENEFIT	<del>197</del>		3/16/2015
237-COB will be manually distributed on claim lines	CLAIM	A1	N220	6/16/2014
238-Invalid Medicare Action Code	CLAIM	<del>16</del> 96	<del>N245</del> N61	6/16/2014
239-Apply Tiered Modifier Discounts	CONTRACT			6/16/2014
245-Multiple surgeries - claim submitted missing modifier 51	CONTRACT	<del>4</del>	<del>N517</del>	3/16/2015
252-Pend claim if COB is 0 on secondary enrollment claim	CLAIM	16	MA04	6/16/2014

As of: 5/11/2015

Configured in MIHMS-Production as of: 5/12/2015

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253-Internal enrollment and COB amounts entered	CLAIM	16	MA48	3/16/2015
258-Emergency Claim does not match Emergency Benefit	BENEFIT	96	N180	6/16/2014
263-Auto Accident indicated on claim - Pursue and Pay	CLAIM	20		3/16/2015
270-Enable Benefit Restriction Group Validation	BENEFIT			6/16/2014
271-Benefit Restriction Group Validation Failed	BENEFIT	96	N130	6/16/2014
272-Member does not have coverage code required on benefit	BENEFIT	96	N130	6/16/2014
282-Calculate Submission Discount at Claim Line	CLAIM			6/16/2014
286-No PCP on DOS	CLAIM	242	N130	3/16/2015
289-Invalid Occurrence Code on DOS	CLAIM	16	M45	6/16/2014
290-Invalid Occurrence Span Code on DOS	CLAIM	16	M46	6/16/2014
291-Invalid Condition Code on DOS	CLAIM	16	M44	6/16/2014
292-Invalid Value Code on DOS	CLAIM	16	M49	6/16/2014
293-Default FFS Percent Not Defined	CONTRACT	96	N448	3/16/2015
301-Invalid or missing admission date	CLAIM	16	MA40	6/16/2014
303-Claim Total Mismatch	CLAIM	16	M54	6/16/2014
304-Invalid Bill Type	CLAIM	16	MA30	6/16/2014
305-Primary ICD-9 diagnostic code is required	CLAIM	146	M76	6/16/2014
306-Discharge status is required for inpatient and SNF claims	CLAIM	16	N50	6/16/2014
308-Invalid Admit Hour (0 -- 23)	CLAIM	16	N46	6/16/2014
309-Invalid Discharge Hour (0 -- 23)	CLAIM	16	N317	3/16/2015
311-Submission Window Exceeded for Claim Start Date	CLAIM	29	N30	3/16/2015
312-Invalid coinsurance days for 11x bill type	CLAIM	16	MA34	3/16/2015
313-Covered days do not match accommodation revcode days	CLAIM	16	N345	3/16/2015
316-Admit type does not match admit source	CLAIM	16	MA42	3/16/2015
318-Invalid coinsurance days for 21x bill type	CLAIM	16	MA34	3/16/2015
319-Coinsurance days exceeds covered days	CLAIM	16	MA34	3/16/2015
322-Covered days exceeds maximum for hospital	CLAIM	16	MA32	3/16/2015
328-Admission Source Required	CLAIM	16	MA42	3/16/2015
329-Invalid patient status for bill type	CLAIM	16	MA43	3/16/2015
330-Invalid diagnosis code for benefit	BENEFIT	11	N657	6/16/2014
331-Enable DRGActive Product	CLAIM			6/16/2014
334-APCActive component error	CLAIM	96	N381	3/16/2015

Configured in MIHMS-Production as of: 5/12/2015

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339-APC claim has lines that have rolled up into other lines	CLAIM	97	<del>M15</del>	3/16/2015
359-Micro-Dyn DRGActive component error	CLAIM	A8	N647	6/16/2014
360-DRG is NOT in the selected DRG Group	CLAIM	A8	N657	6/16/2014
366-Workers Compensation Claim	CLAIM	19	<del>N418</del>	3/16/2015
367-Contract term requires UM	CONTRACT	197		6/16/2014
371-Calculate COB at Claim Header Level	CLAIM			6/16/2014
373-Bypass COB process for Medicare Excluded Services	CLAIM			6/16/2014
374-Medicare Excluded Service - Other Insurance Dollars on Claim	CLAIM	22	<del>N598</del>	3/16/2015
375-Enable Term Restriction Group Validation	CONTRACT			6/16/2014
376-Contract Term Restriction Group Validation Failed	CONTRACT	96	N180	6/16/2014
378-No COB Amount on claim	CLAIM	16	MA04	6/16/2014
382-Global payment allocated	CLAIM	97	<del>M15</del>	3/16/2015
383-Allocate global payment across lines	CLAIM			6/16/2014
384-Potential Other Accident	CLAIM	20		3/16/2015
392-Add modifier 51 to multiple surgeries if missing	CONTRACT			6/16/2014
393-Use Rendering PCP Contract	CLAIM			6/16/2014
398- Apply Modifier Discount before Lesser of Logic	CONTRACT			6/16/2014
400-Gender is invalid for Medical Policy	MEDICALPOLICY	16	MA30	6/16/2014
401-Age is invalid for Medical Policy	MEDICALPOLICY	96	N129	6/16/2014
402-Maximum units exceeded for Medical Policy	MEDICALPOLICY	119	N362	6/16/2014
403-Diagnoses invalid for Medical Policy	MEDICALPOLICY	50		3/30/2015
404-Place of Service invalid for Medical Policy	MEDICALPOLICY			3/16/2015
408-Line failed for Medical Policy Rule	MEDICALPOLICY	B5	<del>N220</del> , N640	6/16/2014
409-Line failed for Medical Policy rule overridden on Cert	MEDICALPOLICY	96	<del>N220</del> , <del>N45</del>	3/16/2015
420-Other enrollment exists for service line dates	CLAIM	16	<del>N62</del>	3/16/2015
421-No other enrollment exists for service line dates	CLAIM	96	N216	6/16/2014
502-Duplicate Line on Same Claim	CLAIM	18	N522	6/16/2014
503-Invalid CPT Modifier	CLAIM	182	N657	6/16/2014
504-Invalid CPT/HCPCS code	CLAIM	181	N657, <del>M51</del>	6/16/2014
505-Invalid Revenue Code	CLAIM	16	M50	6/16/2014
507-Revenue Code Requires HCPCS	CLAIM	16	M20	6/16/2014
508-Invalid Modifier Code on Date of Service	CLAIM	182	N657	6/16/2014
511-Invalid From DOS	CLAIM	16	M52	6/16/2014
512-Invalid Thru DOS	CLAIM	16	M59	6/16/2014
515-Invalid HCPCS for Revenue Code	CLAIM	199	<del>N657</del>	3/20/2015
518-Admit type required for 11x bill type	CLAIM	16	MA41	6/16/2014

Configured in MIHMS-Production as of: 5/12/2015

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521-Procedure code not found or invalid for date of service	CLAIM	181	N657	6/16/2014
522-Duplicate Claim Line (Same Provider/Member/DOS/CPT(Rev))	CLAIM	<del>18</del>	<del>N522</del>	3/16/2015
523-Invalid ICD-9 diagnosis code	CLAIM	16	M64/M46TYPO	6/16/2014
524-CPT codes billed include bundled and unbundled CPTs	CLAIM	<del>97</del> 234	<del>M15</del> M80	10/8/2014
525-ICD-9 diagnosis code is not valid on DOS	CLAIM	146	N657	6/16/2014
532-Duplicate Mem/DOS/Service code/Pay To/Rendering Phys/Modifie	CLAIM	18	N522	6/16/2014
534 - Duplicate Modifier Exact Match	CLAIM	18	N522	6/16/2014
535-Duplicate Claim Check for Additional Claim Status	CLAIM			6/16/2014
537-Require Active Provider License on Date of Service	PROVIDER	170	<del>M143</del> , N95	6/16/2014
536- CPT Code is Bundled with Other CPT	CLAIM	<del>234</del>	<del>M80</del>	3/16/2015
541-Claim Line Submission Window Exceeded	CLAIM	29	<del>N30</del>	2/20/2015
542-Claim Line Submission Window Overlap	CLAIM	29	<del>N30</del>	2/20/2015
543-Inpatient Claim Submission Window Exceeded (claim Thru date)	CLAIM	29	<del>N30</del>	2/20/2015
550 - Invalid POA Indicator on Diagnosis Code for UB04	CLAIM	<del>16</del>	<del>N434</del>	3/16/2015
551 - Diagnosis Code Requires POA Indicator for UB04	CLAIM	<del>16</del>	<del>N434</del>	3/16/2015
601-UM Is Closed	AUTH	197		6/16/2014
602-UM Is Awaiting Medical Review	AUTH	197		6/16/2014
603-UM Is Pended	AUTH	197		6/16/2014
604-UM Is Denied	AUTH	197		6/16/2014
606-UM number NOT found	AUTH	197		6/16/2014
607-UM not for same member	AUTH	<del>15</del> 198	<del>64</del> N54	6/16/2014
608-UM not for same provider	AUTH	15	N517	6/16/2014
609-UM dates do not match claim	AUTH	<del>15</del> 198	N351	6/16/2014
610-UM Services do not match claim	AUTH	15	N517	6/16/2014
611-UM has no available units	AUTH	198	N54	6/16/2014
612-UM has insufficient units remaining	AUTH	198	N54	6/16/2014
613-Claim Requires Manual Processing	AUTH	96	N10	6/16/2014
614-No Available Bed Days on Auth	AUTH	198	N54	6/16/2014
616-UM Line Denied	AUTH	197		6/16/2014
618-Provider's group does not match authorized group	AUTH	<del>15</del>	<del>N517</del>	3/16/2015
622-Place of Service does not Match Authorized	AUTH	<del>198</del>	<del>N54</del>	3/16/2015
624-UM Line Manually Denied	AUTH	197		6/16/2014
625-UM Line Manually Pended	AUTH	197		6/16/2014
635-Invalid Claim Form Type	CLAIM	16	N34	6/16/2014

As of: 5/11/2015

Configured in MIHMS-Production as of: 5/12/2015

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639-Invalid Clean Claim Date	CLAIM	16	MA130	6/16/2014
659-Invalid Place of Service Code	CLAIM	16	M77	6/16/2014
661-Enable provider reimbursement based on service locations	CLAIM			6/16/2014
702-Invalid CDT code on DOS	CLAIM	181	N657	6/16/2014
703-Invalid tooth number	CLAIM	16	N39	6/16/2014
704-Invalid tooth surface for tooth	CLAIM	16	N75	6/16/2014
706-CDT already billed on this date by same provider	CLAIM	18	N522	6/16/2014
707-CDT already billed on this date	CLAIM	18	N522	6/16/2014
709-CDT requires tooth surface min/max count	CLAIM	16	N75	6/16/2014
712-Dental Area/Tooth Mismatch	CLAIM	16	N75	6/16/2014
716-Require exact match of Dental Surfaces for Dup-Checking	CLAIM			6/16/2014
901-Invalid Revenue-HCPCS for claim line DOS	CLAIM	199	N657	3/20/2015
902-Invalid Bill Type for claim start date	CLAIM	16	MA30	6/16/2014
903-No COB member responsibility provided by primary carrier	CLAIM	16	N480	3/16/2015
911-Invalid For Male	CLAIM	16	MA39	6/16/2014
912-Invalid For Female	CLAIM	16	MA39	6/16/2014
913-Manual Pend of Claim	CLAIM	96	N10	6/16/2014
915-Claim has been manually denied	CLAIM	96	N10	6/16/2014
916-Claim does not have any service lines	CLAIM	16	M51	6/16/2014
918-Connect requires claim review	CLAIM	107		6/16/2014
919-Contract Price on Service Line has been Manually Overridden	CLAIM	96	N10	3/16/2015
920-Contract Price on Service Line Manually Overridden to Zero	CLAIM	96	N10	3/16/2015
921-Claim manually priced with no balance checks or validation	CLAIM	96	N10	3/16/2015
922-Manual Contract Price exceeds Billed Amount on Service Line	CLAIM	96	N10	6/16/2014
941-Previous claim not found for adjustment	CLAIM	107		6/16/2014
943-Claim Reversal for adjustment failed	CLAIM	107		6/16/2014
965-Use primary paid date to calculate filing days for COB claim	CLAIM			6/16/2014
966-Primary carrier paid date required on COB claims	CLAIM	29 16	N480, N30	6/16/2014
967-COB claim exceeds submission window	CLAIM	29	N30	2/20/2015
982-Use NPI	GENERAL			6/16/2014
989-APC pricing error with blank CPT/HCPCS	Claim	16	M51	6/16/2014
5001-Copay reduced - daily maximum met	CLAIM			6/16/2014
5002-Copay reduced - monthly maximum met	CLAIM			6/16/2014
5003-Copay reduced - DRA maximum met	CLAIM			6/16/2014

As of: 5/11/2015



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5011-Provider does not match lock-in provider - Full lock-in	CLAIM	242	N450	6/16/2014
5012-Provider does not match lock-in provider - Partial lock-in	CLAIM	242	N450	6/16/2014
5021-Drug not rebateable	CLAIM	16	M119	6/16/2014
5022-NDC/JCode is Missing/Invalid	CLAIM	16	M119	6/16/2014
5025-Multiple instances of same J-Code not allowed for same DOS	CLAIM	96	M86	6/16/2014
5026-Missing Revenue Code for J-Code	CLAIM	199	N657	6/16/2014
5027-EyeCare Budget Exceeded	CLAIM	85- B5	N640	6/16/2014
5028-Missing Detailed Drug Coding	CLAIM	16	M123	6/16/2014
5030-Billed amount is more than 4x the computed price amount	CLAIM	96	N381	3/16/2015
5031-FQHC/RHC/Hospital subsequent lines denied	CLAIM	16	N56	6/16/2014
6000-Claim must be billed for the entire month	CLAIM	16	MA31	6/16/2014
6001-Benefit Exhaustion Period Reported	CLAIM	22	N598	6/16/2014
6002-Medicare Crossover QMB processing rules applies	CLAIM	16	MA04	6/16/2014
6003-No COB Amount on TPL Dental Claim	CLAIM	16	MA04	6/16/2014
6004-Pend for COBA Location	CLAIM	16	N259	6/16/2014
6005-TPL Pricing Rules Applied	CLAIM	96	N10	3/16/2015
6006-Under Review: Claim	CLAIM	96	N10	6/16/2014
6007-Provider specialty dates do not match claim	CLAIM	8	N95	6/16/2014
6008-Member does not meet eligibility requirements	CLAIM	96	N30	6/16/2014
6009-Under Review	CLAIM	96	N10	6/16/2014
6010-Invalid Service Location Selection	CLAIM	16	N259	6/16/2014
6011 - Inactive Eligibility on Claim	CLAIM	177		6/16/2014
6012 - Corresponding DME Service Denied	CLAIM	96	N356	6/16/2014
6016-Claim Review	CLAIM	96	N10	6/16/2014
6017-Spend Down	Claim	178		6/16/2014
6018-Medically Unlikely	CLAIM	96	N435	6/16/2014
6019-No Benefit for Crossover Services				6/16/2014
6019 - No Benefit for Inpatient Psychiatric Services	CLAIM	204	N130	6/16/2014
6020-FQHC Crossover Review	CLAIM			6/16/2014
6021-Hospital Crossover Review	CLAIM			6/16/2014
6022-Duplicate Eligibility	CLAIM			6/16/2014
6023 TOB Frequency zero-nonpayment/zero claim	CLAIM	96	N356	6/16/2014
6024-Crossover Hospital Pricing Rules Applied	CLAIM	96 B1	N10	4/6/2015
6025-No TPL Dollars Submitted on Medicare Claim	CLAIM	16	MA04	6/16/2014
6026-Duplicate Claim	CLAIM	18	N522	6/16/2014
6027-Fiscal Pend	CLAIM	24		6/16/2014
6030 - QMB with No Medicare Dollars	CLAIM	16	MA04	6/16/2014

As of: 5/11/2015

Configured in MIHMS-Production as of: 5/12/2015

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6031 - Adjustment Timely Filing	CLAIM	29	<del>N30</del>	6/16/2014
6032 - MODIFIER 22 6032 Clinical Review	CLAIM	150	N640	6/16/2014
6033- Incorrect Claim Form for Provider	CLAIM	16	N34	6/16/2014
6034- No Units Billed	CLAIM	16	M53	8/14/2013
6036 - No Benefits for Premium only Coverage	CLAIM	204	N567	6/16/2014
6037-Missing Vendor Code	CLAIM	16	N77	8/29/2012
6038-Line out of Sequence	CLAIM			6/16/2014
6039-Missing Claim Lines	CLAIM			6/16/2014
6040-Claim DOS Outside Referral Date Range	CLAIM	16	N335	5/30/2014
6041-Member PCP Mismatch Referral Refer-from for claim DOS	CLAIM	183	N630	4/29/2015
6042-Rendering Provider Mismatch Referral Refer-to Provider	CLAIM	251	N476	5/30/2014
6043-Referral has insufficient or No Units Available	CLAIM	165	N630	5/30/2014
6044-COB Memo Claim Line Mismatch	CLAIM	16	MA04	6/16/2014
6045 - Invalid R&B units billed	CLAIM	<del>16</del>	<del>N345</del>	5/22/2014
6046 - Hosp NH QMB	CLAIM			6/16/2014
6047 Medicare Non Covered - Bill Separately	CLAIM	96	N61	6/16/2014
6048 - Invalid/Missing Date of Birth	CLAIM	16	N329	6/26/2014

*Notes: This document is used as a crosswalk between the edit rules that can be viewed on a claim in the Health PAS Online Portal and the mapped codes on that must follow the HIPAA EDI standard codes for a Remittance Advice or 835 and adhere to the CAQH CORE III rules.*

*--Blank(s) in a column indicate there is no valid CAQH CORE III combination.*

*--Strikethrough in a column indicates the CARC or RARC has been removed as of the last update date.*

*--Strikethroughs in both columns without another CARC or RARC present indicates the edit is a "warn" status. This status can no longer report CARCs or RARCs per CAQH CORE III rules.*